

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1949

6388

State File No.

1084

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 28Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hosp. U				d. STREET ADDRESS (If rural, give location) 4125 (rear) Enright D			
3. NAME OF DECEASED (Type or Print) Edward		a. (First)		b. (Middle) Laster		c. (Last)	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12/16/1899	
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months 1		IF UNDER 1 YEAR Days 15		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Fordyce Ark. I		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Daniel Laster		13b. MOTHER'S MAIDEN NAME Martha Carmicheal		14. NAME OF HUSBAND OR WIFE Lucille			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Christine Lyons 3125a Bell Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES A. DUE TO (b) Undetermined B. DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ---		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----			
22. I hereby certify that I attended the deceased from 1-18, 1949, to 2-1, 1949, that I last saw the deceased alive on 2-1, 1949, and that death occurred at 10:05 p., from the causes and on the date stated above.							
23a. SIGNATURE Oscar L. Daniels		(Degree or title) M. D. (I)		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 2-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/5/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Co.	
DATE REC'D BY LOCAL REG. FEB 5		REGISTRAR'S SIGNATURE J. B. Hasater		25. FUNERAL DIRECTOR'S SIGNATURE Chad Phillips		ADDRESS 4107 Finney	

(Licensed Embalmer's Statement on Reverse Side)

WRITE-UP-USE-ING BLACK INK-MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Eddie Laster

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

John Cunningham

Licensed Embalmer No. *4476*

P. O. Address *4107 Finney Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.